Application for Employment

Sisters of St. Joseph Neighborhood Network is an Equal Opportunity Employer

GENERAL INFORMATION

Today's Date:_____

Have you applied for employment with the SSJNN before? ❑ Yes ❑ No
If you answered "Yes" to the question above, when did you previously apply?
(Date): _____

First name _____ Middle Initial_____Last name _____

Street Address _____

City _____ State _____ ZIP _____ Telephone _____

Social Security Number # _____-_____-_____
***Your social security number can be found on your social security card. Your parent or guardian may have a copy of this card. If you are unable to locate your social security card to retrieve your social security number, please refer to the "How to obtain a social security card" instructions located within this packet.**

Are you a U.S. citizen **or** otherwise authorized to work in the U.S. on an unrestricted basis? ❑ Yes ❑ No
***Citizenship or work authorization verification will be completed soon after the date of hire.**

Position you are applying for _____
***Which position would you prefer? If you are unsure, leave this section blank.**

How did you hear of this job opportunity?_____

When are you available to work? (check ALL that apply):

❑ Days (1st Shift) ❑ Weekdays ❑ Full Time

❑ Evenings (2nd Shift) ❑ Weekends ❑ Part Time _____Hours/Week

Have you worked for SSJNN before? ❑ Yes ❑ No
If you answered "Yes" to the question above, please list the dates you worked for SSJNN.
Dates of employment: _____ **to**_____

Can you produce the work certificate necessary to obtain employment? ❑ Yes ❑ No
***If you do not already have a youth work permit, please refer to the "How to obtain a youth work permit" instructions located within this packet.**

Have you been convicted of a felony in the last 7 years? ❑ Yes ❑ No

***This question does not apply to convictions which have been expunged, sealed, pardoned or otherwise exonerated or eradicated. A conviction record will not necessarily be a bar to employment. A conviction which is substantially related to the functions or qualifications of the positions(s) for which you are applying may be taken into consideration.**

If you answered "Yes" to the question above, please describe the conviction, listing the nature of the offense and your rehabilitation since the conviction: _____

_____

_____

EDUCATION

	Name of School	City, State	Graduation Year	Area of Study (if applicable)
Middle School				
High School				
Other Training (if applicable)				

EMPLOYMENT HISTORY

Have you ever had a job before? ❑ Yes ❑ No

If you answered "Yes" to the question above, please list your work history below, beginning with your most recent employer. If you answered "No" to the question above, please move on to the "Extracurricular Activities & Hobbies" section of the application below.

Company Name _____

Address _____ Phone _____

Position: _____

Starting Date _____ Leaving Date_____

Starting Wage_____ Ending Wage_____

❑ Full Time ❑ Part Time May we contact? ❑ Yes ❑ No Supervisor _____

Responsibilities _____

Reason for leaving_____

Company Name _____

Address _____ Phone _____

Position: _____

Starting Date _____ Leaving Date_____

Starting Wage_____ Ending Wage_____

❑ Full Time ❑ Part Time May we contact? ❑ Yes ❑ No Supervisor _____

Responsibilities _____

Reason for leaving_____

Company Name _____

Address _____ Phone _____

Position: _____

Starting Date _____ Leaving Date_____

Starting Wage_____ Ending Wage_____

❑ Full Time ❑ Part Time May we contact? ❑ Yes ❑ No Supervisor _____

Responsibilities _____

Reason for leaving_____

EXTRACURRICULAR ACTIVITIES & HOBBIES

Please tell us about any extracurricular activities and/or hobbies you have or are currently undertaking:

_____

_____

_____

_____

_____

_____

REFERENCES

Please list three professional or personal references below. References may not be an employer or relative.

Name _____

Occupation _____

Nature of Relationship _____

Phone _____ Email _____

Name _____

Occupation _____

Nature of Relationship _____

Phone _____ Email _____

Name _____

Occupation _____

Nature of Relationship _____

Phone _____ Email _____

Please Read Carefully and Initial Each Paragraph Before Signing

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment. Initials: _____

I understand, where permissible under state and local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment, and must meet the qualifications for the position with or without reasonable accommodation. Initials: _____

I understand that an offer of employment is conditioned upon complying with SSJ Neighborhood Network requirements, including, but not limited to, signing a Consent to Conduct a Background Check. Initials: _____

I hereby certify that the information given by me is true in all respects. I authorize SSJ Neighborhood Network and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and, to the extent permitted by law, release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application or as discussed in any interviews with the SSJ Neighborhood Network to provide any information or transcripts requested. Initials: _____

I understand employment with SSJ Neighborhood Network is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States. Initials: _____

If hired, I agree to conform to the policies, standards of conduct and rules of SSJ Neighborhood Network and I understand and agree that, if employed, my employment is based upon mutual consent, has no specific term and may be terminated at will, with or without cause, by either the SSJ Neighborhood Network or myself without prior notice to the other, unless otherwise prohibited by law. I understand that no representation, whether oral or written, by any representative or agent of the SSJ Neighborhood Network, at any time can constitute an implied or expressed contract of employment. I further understand that no representative or agent of the SSJ Neighborhood Network has the authority to enter into an agreement for employment for any specified period of time or make any change in any policy, procedure, benefit or other terms or conditions of employment other than in a document signed by the SSJ Neighborhood Network. Initials: _____

I certify that all of the above information is true and complete, and I understand that falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery. Initials: _____

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Signature _____ Date _____

The Sisters of St. Joseph of Neighborhood Network prohibits discrimination based on age, sex, race, color religion, creed, ancestry, national origin, disability or any other protected class as defined by current federal, state or local legislation.

SSJNN is committed to complying with the Americans with Disabilities Act. Please make us aware of any reasonable accommodations we may provide for you during the application process.

Pennsylvania CareerLink

TANF Youth Eligibility Application Program Year 2021

Youth Name: _____ Social Security Number: _____

Address: _____ Age: _____ Date of Birth: _____

Subcontractor: _____ Parent Name (Please Print): _____

Citizenship-Immigration Status (circle one): Citizen Permanent Alien Refugee/Asylee

I hereby authorize and request the disclosure to the NWPA TANF service provider any information concerning education and training activities and any additional information involving eligibility for myself. As a youth in a TANF Youth Program, I give permission to the NWPA TANF service provider to discuss my case with other agencies as needed to further my participation in the NWPA TANF program. It is understood that the information obtained will be used only for purposes directly related to the participation and eligibility with the NWPA TANF Youth program. ***This release expires one year from the date listed below***

Parent/Guardian/Student Signature (if over 18): _____ Date: _____

Relationship of above signer: _____

Subcontractor Staff Signature: _____ Date: _____

Check all that apply:	Youth Demographic Information				**Programming Type:**			
Out of School		Pregnant/Parenting			Career Exploration		Drop Out Prevention	
In School		Homeless/Runaway			Work Experience		Drop Out Recovery	
Drop Out		Migrant			Occup Skills Training		Leadership Development	X
Disabled					Industry Club		Financial Literacy	
Adjudicated (or at risk)					STEM/STEAM Activities		Mentoring	
Incarcerated Parent(s)					Tutoring		Supportive Services	
Foster Care/Aging Out					Study Skills		Actual Employment	

Please complete the chart below listing the information for the youth, youth's spouse and child (if applicable).

Category	Name	Relationship to Applicant (Circle One)	Family Member Income per month
Youth:		Self Spouse Child N/A	
Youth's Spouse Name:		Self Spouse Child N/A	
Youth's Child Name:		Self Spouse Child N/A	
Total Number in Family:			Total Income:

For Office Use Only: Eligible as verified by DHS ☐ Data File Requirements Complete ☐

Talent Development Specialist Signature: _____ Date: _____

Pennsylvania CareerLink℠

Self-Certification Form
2021-2022 Program Year

IDENTIFYING INFORMATION	
Applicant's Name:	_____
Address:	_____
	_____
Application Date:	_____

I HEREBY CERTIFY UNDER PENALTY OF LAW, THAT THE FOLLOWING INFORMATION IS TRUE:

I have no income

I ATTEST THAT THE INFORMATION STATE ABOVE IS TRUE AND ACCURATE AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES SPECIFIED BY LAW.

_____ _____

APPLICANT SIGNATURE/DATE APPLICANT PHONE NUMBER

_____

APPLICANT ADDRESS

_____

SIGNATURE OF PARENT OR GUARDIAN (if applicant is under 18 years of age)

The above Self-Certification is being utilized for verification of the following eligiblity criteria:

TANF PROGRAMMING

CERTIFICATION

I certify that the individual whose signature appears above provided the information recorded on this form.

SSJ Neighborhood Network

Subcontractor Signature/Date:

TANF Program Administrator Signature/Date:

SISTERS OF SAINT JOSEPH NEIGHBORHOOD NETWORK PERMISSION FORM

PART 1 PERSONAL DATA

I give permission for my child (children) to attend any programs that are offered at the SSJNN (both East and West locations) or off-site, as well as any program that the SSJNN transports my child (children) from home and back again. I understand that I will be informed about each new program that my child (children) may attend. This permission form remains valid until notification from the parent/guardian requests it to be null and void.

Participant's Name _____ **Birth Date** _____ **Grade** _____

PART 2 FAMILY HEALTH INSURANCE INFORMATION

Name of Insurance Company _____

Address _____ **Phone (_____)** _____

Group Number _____ **ID Number** _____ **Policy Holder's Name** _____

Allergies _____ **Medications** _____

Hospital Preference: ❑ **Millcreek Community Hospital** ❑ **AHN St. Vincent Hospital** ❑ **UPMC Hamot Hospital**

In the event I cannot be reached, in an emergency, I hereby authorize treatment for any minor injury or illness that occurs while with my child's coach/mentor/tutor/director. If a doctor or hospital service is needed, treatment may be started. I (We) agree to be responsible for all expenses incurred for medication, treatment, injury or illness suffered by my child to him/her while under the supervision of his/her coach/mentor/tutor/director.

PART 3 MISCELLANEOUS MEDICAL INFORMATION

May your child take part in physical activities? ____ Yes ____ No If NO, please indicate restrictions on reverse.

Is your child allergic/sensitive to any substance? ____ Yes ____ No If YES, please indicate restrictions on reverse.

Is your child currently under a doctor's care? ____ Yes ____ No If YES, please indicate the reason on reverse.

PART 4 PARENTAL PERMISSION

In consideration of this waiver/permission form being accepted, I hereby, for myself, heirs, executor and/or administrators waive and release all claims for damages I may have against the SSJNN or any and all sponsoring organizations and their representatives for any and all injuries sustained during any of the programs. I also waive and release any and all claims for the use of photos, video tapes or websites in which my child (children) may appear.

By signing my signature, I hereby acknowledge reading and understanding the implications of this clause.

Parent/Guardian Signature: _____ **Date** _____

Print Name _____

Address _____

Home Phone _____ **Cell Phone** _____

Person to contact, other than listed above _____ **Relation** _____

Home Phone _____ **Cell Phone** _____

How to obtain a Youth Work Permit

1. Legal Parent/Guardian and the student applicant must visit the Child Accounting Office in the Erie School district administration building at 148 West 21 Street, in Erie.
2. They must provide the following documentation:
    a. the student's birth certificate
    b. the parent/guardian's valid ID (driver's license or government issued photo id)
3. The application will be completed by the parent and the Erie School District official and the permit will be issued. The student must be present to sign the permit in front of the issuing officer.
4. The Child Accounting Office (814-874-6134) can answer any additional questions you may have.
5. Hours are Monday through Friday, 8am to 4pm, closed Saturday and Sunday.
6. Phone number is 814-874-6134

How to obtain a Social Security Card

1. A legal parent/guardian must visit the Social Security Office at 717 State Street, Erie.
2. They must provide 2 original documents to prove: age, identity, US citizenship or work authorized immigration status. For example:
    * Birth certificate
    * Passport
    * US driver's license or US State-issued non-driver identity card
3. If you are age 12 or older, and have never received a Social Security number, you must apply in person.
4. If you are applying for an original Social Security card for a child under age 18, you MUST show the parents' Social Security numbers
5. Hours are Monday through Friday, 9am to 4pm, closed Saturday and Sunday.
6. Phone number is 1-800-772-1213, or visit www.socialsecurity.gov

How to obtain a Birth Certificate

1. A legal parent/guardian must visit the Vital Records Office at 1910 West 26th Street, Erie.
2. They must provide a valid drivers license or other government issued photo identification that includes your mailing address.
3. Fee for a Birth Certificate is $20.00
4. Hours are Monday through Friday, 8am to 4pm, closed Saturday and Sunday
5. Phone number is 814-871-4261